

Provider Capacity Building/Support Data Collection Tool

Program Name: _____

Date Information: Single or Start Date (mm/dd/yyyy): ____ / ____ / ____ End Date (mm/dd/yyyy): ____ / ____ / ____

Activity Information: Mark (X) **ONE** activity category from the two options below. **Choose A or B.**

A <input type="checkbox"/> General training and support (Result 4: Improved Systems of Care)	
OR	
B <input type="checkbox"/> Specialized training and support (If (B) checked, mark all that apply)	
<p>Result 1: Improved Family Functioning</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Behavioral, Substance Abuse, and Mental Health Services <input type="checkbox"/> Adult Education and Literacy for Parents <input type="checkbox"/> Community Resource and Referral <input type="checkbox"/> Distribution of Kit for New Parents <input type="checkbox"/> Family Literacy Programs <input type="checkbox"/> Provision of Basic Family Needs (Food, Clothes, Housing) <input type="checkbox"/> Targeted Intensive Parent Support Services <input type="checkbox"/> General Parenting Education Programs <input type="checkbox"/> Other Family Functioning Support Services </div> <div style="width: 50%;"> <input type="checkbox"/> Early Education Programs for Children (Other than School Readiness and Preschool for 3 and/or 4 year olds) <input type="checkbox"/> Kindergarten Transition Services <input type="checkbox"/> Other Child Development Services </div> </div> <p>Result 2: Improved Child Development</p> <input type="checkbox"/> Early Education Provider Program <input type="checkbox"/> Preschool for 3 and 4 Year Olds <input type="checkbox"/> State School Readiness Programs & Local Match (Practices or information to support school readiness) <input type="checkbox"/> Local School Readiness (Mirror Programs) <input type="checkbox"/> Comprehensive Screening and Assessments <input type="checkbox"/> Targeted Intensive Intervention for Identified Special Needs	<p>Result 3: Improved Health</p> <input type="checkbox"/> Breastfeeding Assistance <input type="checkbox"/> Nutrition and Fitness <input type="checkbox"/> Other Health Education <input type="checkbox"/> Health Access <input type="checkbox"/> Home Visitation for Newborns <input type="checkbox"/> Oral Health <input type="checkbox"/> Prenatal Care <input type="checkbox"/> Primary Care Services (Immunizations and/or Well Child Checkups) <input type="checkbox"/> Safety Education and Intentional and Unintentional Injury Prevention <input type="checkbox"/> Specialty Medical Services <input type="checkbox"/> Tobacco Cessation Education and Treatment <input type="checkbox"/> Other Health Services
Total Number of Providers (nonduplicated): <input style="width: 80px;" type="text"/>	Check if applicable: <input type="checkbox"/> Incentives: \$ _____ <div style="text-align: right; font-size: small;">Average amount</div>
<p style="text-align: center;">Type of Provider</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Family-based ECE* Center-based ECE* Kindergarten teachers Health care Family support Other Unknown </div> <div style="width: 55%;"> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> </div> </div>	<p style="text-align: center;">Ethnicity or Provider**</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Alaska Native or American Indian Asian Black/African-American Hispanic/Latino Pacific Islander White Multiracial Other Unknown </div> <div style="width: 55%;"> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> <input style="width: 80px;" type="text"/> </div> </div>
<small>* ECE = Early care and education.</small>	<small>** Required for School Readiness programs.</small>